

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		08/21/00
O.I.P.E. CLASSIFIER		51	103
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>[Signature]</i>	1030

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim		Date											
Final	Original												
1	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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